P16000054411

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SNAPSHOT PUZ	ZLES, INC.	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YOGEV KARNY		
		Name of Contact Person	n
	MORTY ETGAR P.A.		
		Firm/ Company	
	2242 NE 1420 D CT CTC 00		
	3363 NE 163RD ST, STE 80		
		Address	
	NORTH MIAMI, FL 33160		
		City/ State and Zip Cod	e
VOC	EVIZADNIVA) PRO ADADA A		
100	EVKARNY@ETGARCPA.C		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
YOGEV KARNY		at (305	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			Equitions in the second of the

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SNAPSHOT PUZZLES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000054411 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	Р	SUSSAN, ZURIEL	819 SW 44TH ST	
Add			CAPE CORAL, FL 33914	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(i) not applicable, maleute 14771)	
~ 11	

The date of each amendment(s) ac date this document was signed.	loption:, if other than the
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
JULY 11, 2 Dated Signature	Tun-H.
(B) a d selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	SHIMON HADAD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)